MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5		1				
6	1	1				
7	1					
8	1	1				
9						
10	1					
11						
12		2				
13	1					
14		1				
15	1					
16	1					
17		1				
18		1				
19	1					
20	1					
21		1				
22	1					
23		1				
24		2				
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49						
50						
TOTAL IND.	12					
TOTAL DEP.	14					
TOTAL CLAIMS	26					

CLAIMS		IND	DEP	IND	DEP	IND	DEP
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							